

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/776,250 FILING DATE

APPLICANT(S) 9/26/03

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2					1	
3					1	
4					1	
5					1	
6					1	
7					1	
8					1	
9					1	
10					1	
11	1				1	
12		1			1	
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16		1			1	
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18		1			1	
19		1			1	
20		1			1	
21					1	
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43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	4		7		3	
TOTAL DEP.	25		41		23	
TOTAL CLAIMS	24		48		26	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS